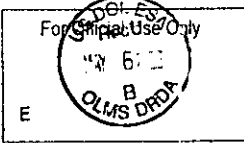


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6282 2 5572	2. Fiscal Year Covered From: 01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name PATRICK LO PRESTI P.O. Box, Bldg., Room No., if any Street 80 HUNTER DRIVE City SYOSSET State NEW YORK ZIP Code + 4 11791	4. Name, file number, and address of labor organization. Name ALA LOCAL ONE Labor Organization File Number 035-319 P.O. Box, Building and Room Number, if any Street 113 UNIVERSITY PLACE City NEW YORK State NEW YORK ZIP Code + 4 10003
5. Position in labor organization. PRESIDENT - ALA LOCAL ONE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><i>Patrick Lo Presti</i></u>	On <u>03/23/06</u> (212) 460-0800 Date Telephone Number

Name of Person Filing	PATRICK LO PRESTI	File Number U-	6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name AMALGAMATED BANK OF NEW YORK</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11-15 UNION SQUARE WEST</p> <p>City NEW YORK</p> <p>State NEW YORK ZIP Code + 4 10003</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>CUSTODIAL BANK / INVESTMENT MANAGER SERVICES</p> <p>11.b. Approximate dollar value of such dealing. \$ 8800.00</p> <p>12.a. Nature of interest held or income received.</p> <p>HOLIDAY GIFT - December 2005</p> <p>12.b. Amount. \$ 336.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing PATRICK LOPRESTI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 Kehoe BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KEHOE BLVD SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;">PENSION FUND</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$6229.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;">BOARD OF TRUSTEES meeting 2/15 - 2/16/05</p> <hr/> <p>12.b. Amount. \$633.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing PATRICK LOPRESI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KEHOE BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization _____</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> b. Trust _____</p> <p style="margin-left: 20px;">c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KEHOE BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em; margin-left: 20px;">PENSION FUND</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$6229.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="margin-left: 20px;">BOARD OF TRUSTEES meeting 3/6-3/7/05</p> <hr/> <p>12.b. Amount. \$463.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing PATRICK LOPRESTI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name INTER LOCAL PENSION FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 455 KEHOE BLVD - SUITE 100 City CAROL STREAM State ILLINOIS ZIP Code + 4 60168	9. Business deals with: a. Labor Organization _____ <input checked="" type="checkbox"/> b. Trust c. Employer _____
10. If 9.b. or 9.c. is checked give trust or employer's name. Name INTER LOCAL PENSION FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 455 KEHOE BLVD - SUITE 100 City CAROL STREAM State ILLINOIS ZIP Code + 4 60168	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">PENSION FUND</div> <hr/> 11.b. Approximate dollar value of such dealing. \$ 6229.00 12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;">BOARD OF TRUSTEES meeting</div> <div style="text-align: center; font-size: 1.2em;">4/25 - 4/28/05</div> <hr/> 12.b. Amount. \$ 1138.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="height: 100px;"></div>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing PATRICK LO PRESTI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KENNE BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>9. Business deals with:</p> <p style="padding-left: 20px;">a. Labor Organization _____</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b. Trust _____</p> <p style="padding-left: 20px;">c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KENNE BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;">PENSION FUND</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$6229.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;">BOARD OF TRUSTEES meeting 7/26-7/29/05</p> <hr/> <p>12.b. Amount. \$1553.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px;"></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing PATRICK LO PRESTI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name INTER LOCAL PENSION FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 455 KEHOE BLVD - SUITE 100 City CAROL STREAM State ILLINOIS ZIP Code + 4 60168	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name INTER LOCAL PENSION FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 455 KEHOE BLVD - SUITE 100 City CAROL STREAM State ILLINOIS ZIP Code + 4 60168	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">PENSION FUND</div>
	11.b. Approximate dollar value of such dealing. \$ 6229.00
	12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;">meeting held 10/5-10/8/05</div>
	12.b. Amount. \$ 467.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing PATRICK LO PRESTI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name INTER LOCAL PENSION FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 455 KEHOE BLVD - SUITE 100 City CAROL STREAM State ILLINOIS ZIP Code + 4 60168	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name INTER LOCAL PENSION FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 455 KEHOE BLVD - SUITE 100 City CAROL STREAM State ILLINOIS ZIP Code + 4 60168	11.a. Nature of such dealing. PENSION FUND <hr/> 11.b. Approximate dollar value of such dealing. \$ 6229.00 12.a. Nature of interest held or income received. BOARD OF TRUSTEES meeting 10/31- 11/5/05 <hr/> 12.b. Amount. \$ 1975.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.